XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
JOSHUA M. TEMPLET
Deputy Attorney General
State Bar No. 267098
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3533
Facsimile: (415) 703-5480
E-mail: Joshua.Templet@doj.ca.gov
Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Raymond Paul Freitas, M.D.** **4816 Westminster Pl.** **Santa Rosa, CA 95405** **Physician's and Surgeon's Certificate No. G 55595,** Respondent.	Case No. 800-2017-032335 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On August 5, 1985, the Board issued Physician's and Surgeon's Certificate Number G 55595 to Raymond Paul Freitas, M.D. (Respondent). The certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2019, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 provides that the Board shall have the responsibility for the enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

5. Section 2227 of the Code authorizes the Board to take action against a licensee who has been found guilty under the Medical Practice Act by revoking his or her license, suspending the license for a period not to exceed one year, placing the license on probation and requiring payment of costs of probation monitoring, or taking such other action as the Board deems proper.

6. Section 2234 of the Code states, in relevant part:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
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> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
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> . . .
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
>
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
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FACTS

7. At all times relevant to this matter, Respondent was licensed and practicing medicine in California.

Respondent's Treatment of Patient P-1's Chronic Headaches, from July 2008 until March 2013.

8. Respondent was the primary care physician for Patient P-1[1] from July 2008 until March 2013. P-1 suffered from elevated pressure inside his skull, a condition known as idiopathic intracranial hypertension (IIH) or, alternatively, pseudotumor cerebri. IIH is associated with headaches originating behind the eyes that may cause swelling of the optic nerve and result in vision loss. During the time that Respondent treated P-1, an ophthalmologist also followed P-1 for IIH.

9. P-1 had been diagnosed with IIH and headaches related to IIH prior to his treatment by Respondent. P-1 had previously undergone a procedure to address his IIH, but he still required ongoing diuretic treatment. P-1 had reported side effects from the preferred agent for treating IIH, Diamox, and his ophthalmologist prescribed an alternative, Lasix. P-1's ophthalmology treatment notes reflect his non-adherence to using Lasix and observe that IIH could be treated more effectively if P-1 were compliant. For example, during a visit with his ophthalmologist on September 16, 2011, the ophthalmologist documented that P-1's IIH was "moderately controlled, could be better if his compliance with Lasix were better," and noted that P-1's use of Lasix was "managed by [Respondent]."

10. Throughout his treatment by Respondent, P-1 stated that he had headaches everyday. Respondent believed P-1's headaches were related to his prior diagnosis of IIH, and Respondent was aware of P-1's inconsistent use of Lasix. Respondent did not advise or encourage P-1 to take Lasix for the treatment of IIH and did not order Lasix for P-1.

11. Respondent also treated P-1 for chronic headaches by continuing P-1 on the headache regimen he was previously on when Respondent took over the patient's care, including daily

[1] The patient is designated in this document as Patient P-1 to protect his privacy. Respondent knows the names of the patient and can confirm his identity through discovery.

doses of butalbital, a barbiturate, codeine, an opioid, and acetaminophen, an analgesic. Respondent occasionally asked P-1 about the effectiveness of this medication, and, on his last visit, documented P-1's interest in reducing the medication in the future. Respondent never reported any improvement in P-1's headaches.

Respondent's Management of Patient P-1's Depression and Anxiety

12. P-1 had long-standing diagnoses of depressive and anxiety disorders that pre-dated Respondent's treatment of him. P-1 regularly complained to Respondent of being depressed and presented with symptoms of depression and anxiety. At P-1's request, Respondent and other physicians prescribed him citalopram, a selective serotonin reuptake inhibitor used to treat depression, and diazepam, a benzodiazepine used to treat anxiety.

13. P-1's history of mental illness and his identity as a transgender individual placed him at an increased risk of suicide. Transgender individuals have higher rates of suicidal ideation and more symptoms of anxiety and depression.

14. In his documentation of P-1's treatment visits, Respondent noted no improvement of P-1's symptoms of depression or anxiety. Despite P-1's heightened risk of suicide and the lack of improvement in P-1's symptoms of depression and anxiety, Respondent did not refer P-1 to a behavioral health specialist to address the reasons for P-1's depression or anxiety. Nor did Respondent ask P-1 if he would be interested in seeing a behavioral health specialist or participating in cognitive-behavioral therapy.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligence: Improper Management of Chronic Headaches)

15. Respondent is guilty of unprofessional conduct and subject to disciplinary action against his license under section 2234, subdivision (c) (repeated negligence) of the Code, in that, in conjunction with the conduct described in the Second Cause for Discipline, he committed repeated negligence in the practice of medicine by engaging in the conduct described above, including but not limited to:

A. Respondent did not advise or encourage P-1 to take Lasix for the treatment of IIH and did not order Lasix for P-1.

B. Respondent did not consider options for the treatment of P-1's chronic headaches apart from the patient's pre-existing medication regimen of butalbital and codeine—medications with a known side effect of causing headaches.

C. Respondent did not consider an alternative diagnosis for P-1, such as tension-type headache, migraine headache, or medication-overuse headache.

16. Respondent's deficient treatment of P-1 constitutes a departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligence: Improper Management of Depressive and Anxiety Disorders)

17. Respondent is guilty of unprofessional conduct and subject to disciplinary action against his license under section 2234, subdivision (c) (repeated negligence) of the Code, in that, in conjunction with the conduct described in the First Cause for Discipline, he committed repeated negligence in the practice of medicine by engaging in the conduct described above, including but not limited to failing to refer P-1 to a behavioral health specialist or for cognitive-behavioral therapy to address the reasons for P-1's depression and anxiety.

18. Respondent's deficient treatment of P-1 constitutes a departure from the standard of care.

DISCIPLINARY HISTORY

19. On March 30, 2018, the Board publicly reprimanded Respondent's Physician's and Surgeon's Certificate in Case No. 8002014007418 as a result of the following conduct during his treatment of a patient from approximately 2003 or 2004 until approximately 2014:

> The Respondent failed to follow-up on his patient's abnormal lab test results and imaging results. The Respondent also failed to correctly interpret his patient's lab test results as indicating malignant conditions and did not formulate appropriate differential diagnoses.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 55595 issued to Respondent;

2. Revoking, suspending or denying approval of Respondent's authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent, if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: June 5, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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